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ABSTRACT

This study examined the relationship between self-esteem, self-concept clarity, and preferred coping strategies for stressful events and ongoing situations in 175 undergraduate students. It was hypothesized that higher self-esteem would be related to a clearer self-concept and that a clearer self-concept would be related to more positive coping styles while an unclear self-concept would be related to more negative coping styles. Subjects completed a two-part longitudinal questionnaire, with a one-month time interval between administrations of the two questionnaires. Self-reports on self-esteem, self-concept clarity, and general coping styles were obtained during part 1; the events and situation checklists and information on specific event and situation coping styles were obtained during part 2. The results of the regression analyses demonstrated that subjects with a clearer self-concept tended to make use of active and more adaptive coping strategies (e.g., planning and action) while subjects with a less clear self-concept tended to make use of more passive and maladaptive coping strategies (denial). Results from the longitudinal data analyses demonstrated that the subject's self-concept clarity predicted the coping strategies the subjects actually used to cope with a stressful event and situation. Self-esteem did not explain subjects' preferences for a general coping style as well as self-concept clarity and it was not as strong a predictor of coping strategies as self-concept clarity in the longitudinal analyses. (Author/NB)

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Is Clarity of Self-Concept Related to Preferred Coping Styles?

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This study examined the relationship between self-esteem, self-concept clarity, and preferred coping strategies for stressful events and ongoing situations in 175 undergraduate students. The results of the regression analyses demonstrated that subjects with a clearer self-concept tend to make use of active and more adaptive coping strategies (e.g. planning and action) while subjects with a less clear self-concept tend to make use of more passive and maladaptive coping strategies (e. g. denial). Results from the longitudinal data analyses demonstrated that the subject's self-concept clarity predicted the coping strategies the subjects actually used to cope with a stressful event and situation. Self-esteem did not explain subjects' preferences for a general coping style as well as self-concept clarity and it was not as strong of a predictor of coping strategies as self-concept clarity in the longitudinal analyses.

Abstract
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Introduction

Numerous studies have documented the existence of a strong relationship between coping behavior and self-esteem (Jorgensen & Dusek, 1990). For example, in a study of German and Turkish adolescents (17-22 years), subjects with higher self-esteem were more likely to make use of beneficial problem-focused coping behaviors (Jerusalem & Schwarzer 1989). Other studies have found that subjects with low self-esteem are more likely to withdraw from and/or are more likely to be readily resigned to a difficult situation, and that this kind of reaction is strongly linked to defensive (e.g. denial, repression, fatalistic attitudes) coping strategies (Tyskowa, 1990). At the same time it has been found that adolescents with high self-esteem tend to prefer active coping strategies such as seeking social support or advice and information (Seiffge-Krenke, 1990).

In general (ignoring the issue of self-esteem), it has been found that people will engage in more problem-focused coping strategies if the situation has been appraised as changeable and will engage in more escape-avoidance coping strategies if the situation is judged to be unchangeable (Folkman, Lazerus, Durkell-Scheller, DeLongis, & Gruen, 1986). In a more detailed exploration of the relationship between self-esteem and coping strategies, it was found that people with low self-esteem are more likely to view their behavior as being dependent on the situation while people with high self-esteem have a greater capacity to engage in a wide range of coping behaviors (Paulhaus & Martin, 1988). Therefore, it appears that people with lower self-esteem have a more limited range of coping responses in any given situation because they seem to be solely reacting to that particular situation and are not drawing on other resources to help them cope. .

Nevertheless, it remains unclear in previous research why self-esteem has the potential to affect people's ability to cope with stress. In other words, why do people with

low self-esteem tend to make their coping responses so situation-dependent? It has been suggested that self-esteem influences coping because it is so strongly related to personal attributions for different events and outcomes. It is fairly well established that people with low self-esteem tend to assume less responsibility for positive outcomes and greater personal responsibility for negative outcomes (Brown, 1988). It has also become clear that people with low self-esteem do not discriminate between the causes of their positive and negative events, they consider both kinds of events to be equally reflective of characterological factors (i.e. internal and stable) (Campbell, Chew, & Scratchley 1991).

One reason why the mechanisms linking self-esteem to coping are poorly understood is that self-esteem itself may not be an adequate way to represent the influence of the self-concept on coping. Self-esteem is one subcomponent (i.e. the evaluative aspect) of a person's self-concept (a mental representation of the self). The majority of the literature dealing with the self-concept has focused on self-esteem, but this body of work has rarely asked how difficult it was for a subject to establish a self-picture, the extent to which the subject had doubts about his response, and did the subject consider any alternatives (van der Werff, 1990). It can be hypothesized that people who have a hard time defining themselves by the criteria listed above may also have a difficult time finding appropriate coping responses because they have a hard time defining the situation as it specifically relates to themselves. In other words, an unclear self-concept may hinder adaptive primary ("what is at stake") and secondary (coping options) appraisals of stressful events (Folkman, et al. 1986).

Brown & McGill (1989) began to deal with these issues when they found that high levels of positive life events were associated with increased reports of illness only for subjects with low self-esteem. The authors suggested that subjects with low self-esteem, who are faced with events that may force them to redefine themselves, are threatened by a sense of chaos and are unable to take effective action because they have a less clear concept of who they are. Campbell (1990) has explicitly addressed these issues by examining the

relationship between clarity of the self-concept, self-complexity, and self-esteem. Her research has demonstrated that subjects with low self-esteem exhibit less congruence between their self-concepts and subsequent perceptions of situation-specific behavior and memory for past behavior. People with low self-esteem also demonstrate less stability on personal trait ratings over a two month time period. Furthermore, subjects with low self-esteem exhibit less extremity, less self-confidence, and take longer to react to "me-not me" judgements than do subjects with higher self-esteem . Finally, the importance of self-concept clarity can be seen in the research of Campbell and colleagues (1991) which has demonstrated that people with low self-esteem and low self-concept clarity also have less self-complexity. (For example someone who defines herself solely in terms of her status as business executive has lower self-complexity than someone who defines herself as an athlete, mother, and business executive). Self-complexity has been found to be an important buffer against the affective consequences of failure experiences or other stressful events (Linville, 1985; 1987).

Baumeister (1986) has suggested that a lack of self-concept clarity may lead to problems in processing the kinds of self-relevant information which are used to guide behavior in various situations. This hypothesis receives substantial support in research studies which have demonstrated that people with low self-esteem are influenced by both positive and negative feedback or information about their performance (Campbell & Fairey, 1985). Although people with low self-esteem take in a lot of information about themselves, they also tend to focus on evidence which is self-confirming (Swann, Hixon, Stein-Seroussi, & Gilbert, 1990). During the process of verifying their negative self-concepts they may also be limiting their coping resources (for example by seeking out social support which confirms their own low self-images) (Swann & Predmore, 1985).

This paper is an attempt to test this idea by exploring the relationship between self-esteem, self-concept clarity, and the subjects' preferred coping styles when faced with stressful events and situations. We chose a population of college undergraduates who were

in late adolescence or just emerging from adolescence because it has been suggested that adolescence is the period in which consolidation of a personal coping style may occur (Jackson & Bosma, 1991) and that this process may be highly influenced by the clarity of a person's self-concept. It was hypothesized that (1) higher self-esteem would be related to a clearer self-concept, (2) a clearer self-concept would be related to more positive coping styles while an unclear self-concept would be related to more negative coping styles. A coping style can be defined as the usual and stable response to an event or situation which is the product of a cognitive process involving the appraisal of situational demands, the adaptability and possibility of responses, and with the re-appraisal of the situation following the person's behavior (Jackson & Bosma, 1991). We defined positive coping styles as those styles which are associated with behavior and cognitive processes which focus on the problem at hand and maladaptive coping processes as those which tend to lead to avoidance, withdrawal, or denial of the problem or which involve a lot of thinking about the problem but no subsequent action (Folkman, et al. 1986; Mattlin, Wethington, & Kessler, 1990).

Methodology

Subjects.

One hundred seventy-five undergraduate students from five different social science classes at an Ivy League university participated in the current study. The average age of the subjects was 20.7 years. The majority of subjects were female (82%) and Caucasian (80%). Seventy-four percent came from families whose combined annual income was reported to be above $49,999. The subjects were fairly evenly distributed across sophomore (32%), junior (30%), and senior (32%) grade levels.

Measures.

In this paper only four measures were included in the analyses.

(1) Rosenberg's (1965) Self-Esteem Scale was used to measure subjects' assessment of their self-esteem. This scale has ten statements designed to capture how an individual evaluates him or herself as a person (e.g. "I feel I have a number of good qualities"). Subjects respond to these questions using a four point Likert scale, with one indicating "strongly disagree" and four indicating "strongly agree." Cronbach Alpha for this scale was .88, indicating a reasonable reliability of the scale within this sample.

(2) Campbell's (1990) Self-Concept Clarity Scale was used to measure how clearly (or with how much confidence) subjects are able to describe themselves. The scale has 20 statements which are designed to measure how clear/unclear is an individual's self-definition (e.g. "I spend a lot of time wondering what kind of person I really am"). Subjects respond to these questions using a five point Likert scale, with one indicating "strongly agree" and five indicating "strongly disagree." Cronbach Alpha for this scale was .93, suggesting satisfactory scale reliability.

(3) A modified version of the Carver, Scheier, & Weintraub (1989) COPE Inventory was used to measure subjects' coping styles. The original inventory contains 14 coping dimensions using 53 items (four items in each dimension, except for the "Alcohol-drug

disengagement" dimension which has only one item). We omitted the two social support dimensions (our questionnaire already contained items which deal with social support), and created a modified inventory which covers 12 coping dimensions, using 34 items. The three items with the highest loadings within each dimension, as well as the single item in the"Alcohol-drug disengagement" dimension, were used to create the modified inventory. Factor Analysis of the scale revealed ten distinct coping styles similar to the ones found by Carver et al (see Table 1).

(4) Subjects were also asked to choose the most important event and situation from a list of events (e.g. "did poorly on a test") and a separate list of ongoing situations (e.g. "not getting along with a roommate") which may have happened to them over the past semester. Subjects were then asked to use the COPE Inventory (wording appropriately modified) to describe how they coped with the particular event and situation. Factor Analyses revealed ten distinct coping styles for a specific event and nine distinct coping styles for an ongoing situation (See Table 1a and Table 1b).

Procedure.

The measures relevant to this particular study were obtained as part of larger, more inclusive, study of coping and stress in an undergraduate population. Subjects filled out a two-part longitudinal questionnaire, with a one month time interval between administration of the two questionnaires. Self-reports on Self-Esteem, Self-Concept Clarity, and general coping styles were obtained during the first part of data collection. The events and situation checklists, as well as the specific event and situation coping styles, were obtained during the second part of the data collection. Participation was voluntary, however, subjects who completed both questionnaires were given extra credit in each course.

Results

Frequencies and Pearson correlations were used to describe the data. Within this sample, the most preferred general coping style was "Planning responses to the situation," whereas the least preferred was "Denial of the event". The five most commonly listed important events were: (1) "Other" (e.g. "failing to get into Graduate school") (13%), (2) Beginning a major relationship (10%), (3) Having a fight or disagreement with significant other (10%) (4) Ending a major relationship (10%), and (5) Doing poorly on an exam (9%). The five most commonly listed important ongoing situations were: (1) Feeling pressure to make major life decisions (e.g. career, major) (19%), (2) Feeling a severely increased time pressure from school or work (10%), (3) A friendship is declining (10%), (4) Someone close has become ill or the illness has gotten worse (9%), and (5) Relationship with a romantic partner has changed for the worse (9%). (See Table 2 and 2a for the correlations between coping styles and event/situation choices).

Correlations revealed that clarity of self-concept was not related to any of the demographic variables (sex, age, race, major) except income ($r=.17$, $p=.03$). The average score for self-concept clarity was 54.7 (range: 22-88; lower scores suggest a clearer self-concept) and the average score for self-esteem was 32.1 (range:17-40; higher scores indicating higher self-esteem). Self-esteem and self-concept clarity are also highly related ($r=-.70$, $p<.01$), again confirming the hypothesis that low self-esteem is associated with a less clear self-concept.

These correlations also revealed that self-concept clarity is related to an individual's general coping styles. Specifically, it was found that self-concept clarity is correlated with Active Coping ($r=-.46$, $p<.01$), Planning ($r=-.31$, $p<.01$), Positive Reinterpretation ($r=-.26$, $p<.01$), Denial ($r=.46$, $p<.01$), Behavioral Disengagement ($r=.34$, $p<.01$), Mental Disengagement ($r=.37$, $p<.01$) and Drug/Alcohol usage ($r=.16$, $p<.01$) (see Table 3). These correlations suggest that a clearer self-concept is associated with the endorsement of more positive (adaptive) coping styles such as planning and taking action, while an unclear

self-concept is associated with the endorsement of less adaptive coping styles (e.g. denial, alcohol/drug use).

In order to test the hypothesis that a clearer self-concept contributes to the endorsement of more adaptive coping styles and an unclear self-concept contributes to the endorsement of less adaptive coping styles, a series of regression models were conducted. Because self-esteem and self-concept clarity are so highly correlated, self-esteem was entered into each regression model first as a control variable. The results (see Table 4) demonstrate that self-concept clarity makes a greater contribution to the variance accounted for in the subjects' endorsement of preferred coping styles than self-esteem. Specifically, self-esteem only contributes to the variance accounted for in the subjects' endorsement of Positive Reinterpretation (b=.16, p<.01) and Behavioral Disengagement (b=-.02, p=.02) as preferred coping styles. That is, people with higher self-esteem tend to endorse the use of positive reinterpretation (e.g. "I learn something from the experience") as a means of coping, while people with lower self-esteem tend to endorse the use of behavioral disengagement (e.g. "I give up the attempt to get what I want") as a means of coping. Self-concept clarity, independent of the effects of self-esteem, contributes to the variance accounted for in the subjects' endorsement of Active Coping (b=-.05, p<.01), Planning (b=-.01, p=.03), Denial (b=.05, p<.01), Behavioral Disengagement (b=.02, p=.01), and Mental Disengagement (b=.04, p<.01). It appears that people with a clearer self-concept endorse the use of more adaptive coping styles (e.g. "I make a plan of action"), while people with less clear self-concepts endorse the use of less adaptive coping styles (e.g. "I refuse to believe it has happened to me").

A similar pattern of results was found for coping with a specific event or situation. Self-concept clarity is related to Active Coping (r=-.28, p<.01), Positive Reinterpretation (r=-.18, p=.02), Denial (r=.36, p<.01), Behavioral Disengagement (r=.39, p<.01),and Mental Disengagement (r=.27, p<.01) for coping with a specific event (Table 3a). Similarly, self-concept clarity is related to Active Coping (r=-.21, p<.01), Planning

(r=-.19, p=.01), Positive Reinterpretation (r=-.26, p<.01), Denial (r=.35, p<.01), Behavioral Disengagement (r=.30, p<.01), and Mental Disengagement (r=.22, p<.01) for coping with a specific ongoing situation (Table 3b). For both event and situation coping styles, low self-concept clarity is associated with the use of less positive coping styles (e.g. Denial), and higher self-concept clarity is associated with the use of more positive coping styles (e.g. Active Coping).

Following the same procedure used to test the contribution of self-concept clarity to the endorsement of general coping styles, a series of regression models were conducted, entering self-esteem first as a control variable, to test the hypothesis that self-concept clarity predicts the use of coping strategies for a particular event and specific situations. Because the self measures were collected one month prior to the collection of the measures of coping with both specific events and situations, we can be fairly confident that the clarity of a subject's self-concept does play a role in predicting the kinds of coping strategies a subject uses to deal with important events and situations (and not the reverse, that coping styles predict clarity of self-concept).

The results of these regression models for a specific event coping style, revealed that self-esteem only predicts the use of one style, Behavioral Disengagement (b=-.07, p=.05). Self-concept clarity, independent of self-esteem, predicts the use of Denial (b=.03, p<.01), Behavioral Disengagement (b=.02, p=.02), and Mental Disengagement (b=.04, p=.02) as coping strategies (See Table 4a).

The results of the regression models used to predict coping with a specific ongoing situation follow a familiar pattern. For a specific situation, self-esteem fails to predict the use of any coping style. Self-concept clarity, independent of self-esteem, predicts the use of Positive Reinterpretation (b=-.03, p=.05), Denial (b=.03, p<.01), Behavioral Disengagement (b=.03, p=.02), and Mental Disengagement (b=.03, p<.01) as coping strategies. Thus, it appears that for both specific events and ongoing situations, a clearer self-concept is related to more adaptive coping styles (e.g. Positive Reinterpretation), and

more importantly, that an unclear self-concept (and not just low self-esteem) predicts the use of less adaptive coping styles (e.g. Denial) (See Table 4b). These results suggest that self-esteem and self-concept clarity share some of the same variance, but that self-concept clarity is a better indicator of preferred general coping style and a better predictor of coping strategies for specific events and situations

Discussion

This study has provided strong evidence that self-concept clarity exerts a stronger influence on a person's ability to cope with stress than the influence exerted by self-esteem. Specifically, this study has demonstrated that self-concept clarity, but not self-esteem, is consistently associated with the endorsement of a preferred general pattern of coping styles. People with low self-concept clarity tend to endorse the choice of less positive, more passive, coping styles (e.g. denial), while people with higher self-concept clarity tend to endorse more positive and active coping styles (e.g. positive reinterpretation). More importantly, measures of self-concept clarity, but not self-esteem, collected at Time 1 predicted the actual use of coping strategies one month later (Time 2) for both an important specific event and ongoing situation. The actual coping strategies used at Time 2 are very similar to the preferred coping styles described by the subjects at Time 1. Thus, there seems to be congruity between how subjects with high and low self-concept clarity think about coping in general and how these same subjects actually cope with specific events and situations. These results then suggest that knowledge of one's self-concept clarity may be used to predict how one is likely to cope with both stressful events (e.g. failing a test) and stressful ongoing situations (e.g. the illness of a family member).

These findings lend support to the hypothesis that people with low self-concept clarity have more trouble coping with stress because they are hindered or limited in their choice of coping strategies. In our sample, the coping styles chosen by the subjects with low self-concept clarity were the kinds of strategies that do not involve concrete action or planning. They are passive non-actions rather than active reactions to a stressful situation or event. This kind of choice limitation may arise from the subjects' inability to adequately appraise the situation (e.g. they may blame themselves for a negative situation or fail to take credit for a positive event). A follow up analysis of our subjects, divided into low and high self-concept clarity groups, revealed that subjects with high and low self-concept clarity were equally likely to experience negative events or ongoing situations. This suggests that

the coping strategy chosen by a subject is less dependent on the nature of the event or situation and more dependent on the subject's self-concept clarity as it influences the subject's appraisal of an event or situation.

This line of reasoning is compatible with Campbell and colleagues (1991) findings that low self-concept clarity subjects do not experience any more negative events than high self-concept clarity subjects, but they do rate the events (both positive and negative) as having a greater impact on their lives than do subjects with a clearer self-concept. In the future, research should begin to specifically differentiate between subjects with high and low self-concept clarity in order to better explain the cognitive processes which lead to the selection a particular coping strategy or pattern of coping strategies.

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Table 1: COPE General Coping Styles Loadings on Factor Analysis Principal Components (Varimax Rotation)

Scale Name & Items	Loading
Planning*	
I make a plan of action	.84
I try to come up with a strategy about what to do	.80
I think hard about what steps to take	.79
Active Coping*	
I take additional action to try to get rid of the problem	.67
I concentrate my efforts on doing something about it	.60
I do what has to be done one step at a time	.47
Suppression of Competing Activities	
I put aside other activities in order to concentrate on this	* .83
I focus on dealing with this problem, & if necessary let other things slide a little	.80
Restraint Coping	
I force myself to wait for the right time to do something	.69
I hold off doing anything about it until the situation permits	.68
I make sure not to make matters worse by acting too soon	.59
I keep myself from getting distracted by other thoughts or activities°	.38
Positive Reinterpretation & Growth	
I look For something good in what is happening	.85
I try to see it in a different light, to make seem more positive	.80
I learn something from the experience	.55
Acceptance	
I get used to the idea that it happened	.79
I accept that it has happened and that it can't be changed	.70
I learn to live with it	.55
Turning to Religion	
I put my trust in God	.96
I try to find comfort in my religion	.96
I seek God's help	.93
Focus On and Venting Emotions	
I get upset and let my emotions out	.90
I let my feelings out	.90
I feel a lot of emotional distress & I find myself expressing those feelings a lot	.84
Denial	
I pretend that it hasn't really happened	.84
I refuse to believe that it has happened	.78
I act as though it hasn't even happened	.76
**Behavioral Disengagement	
I give up the attempt to get what I want .	.60
I turn to work or other substitute activities to take my mind off things	.43
**Mental Disengagement	
I go to the movies or watch TV to think about it less	.76
I daydream about other things a lot	.64
I admit to myself that I can't deal with it, and quit trying	.61
Alcohol-Drug Disengagement	
I drink alcohol or take drugs, in order to think about it less.	.82

* Note, we found, as did Carver, Scheier, &Weintraub (1989), that loadings for active coping and planning come from a single factor that incorporated both scales. °In the original Carver, Scheier, &Weintraub (1989) study this item loaded onto the factor called Suppression of Competing Activities. In our study this item only had a loading of .17 for that factor.

** Note, we found, but Carver, Scheier, &Weintraub (1989) did not, that the loadings for Behavioral and Mental Disengagement come from a single factor that incorporated both scales. The original study also found that the item "I just give up trying to reach my goal" loaded onto Behavioral Disengagement, but this item failed to load on any factor in our study.

Table 1a: COPE Event Coping Style Loadings on Factor Analysis Principal Components (Varimax Rotation)

Scale Name & Items	Loading
Planning*	
I made a plan of action	.80
I tried to come up with a strategy about what to do	.74
I thought hard about what steps to take	.73
Active Coping*	
I concentrated my efforts on doing something about it	.67
I take additional action to try to get rid of the problem	.61
°I kept myself from getting distracted by other thoughts or activities	.55
I did what had to be done one step at a time	.53
Suppression of Competing Activities	
I put aside other activities in order to concentrate on this	.81
I focused on dealing with this problem, & if necessary let other things slide	.69
Restraint Coping	
I forced myself to wait for the right time to do something	.76
I held off doing anything about it until the situation permitted	.62
I made sure not to make matters worse by acting too soon	.65
**Acceptance	
I learned to live with it	.70
I got used to the idea that it happened	.69
I learned something from the experience	.58
I admitted to myself that I couldn't deal with it, and quit trying	.70
**Positive Reinterpretation & Growth	
I accepted that it had happened and that it couldn't be changed	.55
I tried to see it in a different light, to make seem more positive	.52
I looked for something good in what was happening	.48
Turning to Religion	
I put my trust in God	.94
I tried to find comfort in my religion	.93
I sought God's help	.91
Focus On and Venting Emotions	
I let my feelings out	.87
I got upset, let my emotions out	.87
I felt a lot of emotional distress & I found myself expressing those feelings a lot	.84
Denial	
I pretended that it hadn't really happened	.85
I refused to believe that it had happened	.84
I acted as though it hadn't even happened	.74
***Mental Disengagement	
I drank alcohol or took drugs, in order to think about it less	.61
I daydreamed about other things a lot	.64
I went to the movies or watched TV to think about it less	.55
***Behavioral Disengagement	
I gave up the attempt to get what I wanted .	.87
I just give up trying to reach my goal	.76
***Substitute Activities	
I turned to work or other substitute activities to take my mind off things	.57

* Note, we found, as did Carver, Scheier, &Weintraub (1989), that loadings for active coping and planning come from a single factor that incorporated both scales.

° This item originally loaded on Mental Disengagement in both the Carver et al (1989) study and for our General Coping Styles.

** We found, but Carver et al. (1989) did not, that the loadings for Acceptance and Positive Reinterpretation come from a single factor that incorporated both scales.

*** The item content changed for these two factors from the content found originally by Carver, et al. (1989) and in our General Coping Styles. The Drug/alcohol item (originally a distinct factor with one item) loaded on Mental Disengagement, an item originally loading on Mental Disengagement became a distinct factor with one item.

Table 1b: COPE Situation Coping Style Loadings on Factor Analysis Principal Components (Varimax Rotation)

Scale Name & Items	Loading
Planning*	
Making a plan of action	.87
Trying to come up with a strategy about what to do	.84
Thinking hard about what steps to take	.75
Active Coping*	
Taking additional action to try to get rid of the problem	.80
Concentrating my efforts on doing something about it	.79
Doing what had to be done one step at a time	.70
Suppression of Competing Activities	
Focusing on dealing with this problem, & if necessary let other things slide	.68
Keeping myself from getting distracted by other thoughts or activities	.65
Putting aside other activities in order to concentrate on this	.65
Restraint Coping	
Forcing myself to wait for the right time to do something	.85
Holding off doing anything about it until the situation permits	.80
Making sure not to make matters worse by acting too soon	.77
**Acceptance	
Learning to live with it	.62
Getting used to the idea its happening	.58
Accepting that its happening and that it can't be changed	.45
**Positive Reinterpretation & Growth	
Trying to see it in a different light, to make seem more positive	.78
Looking for something good in what is happening	.69
Learning something from the experience	.58
Turning to Religion	
Putting my trust in God	.96
Trying to find comfort in my religion	.96
Seeking God's help	.94
Focus On and Venting Emotions	
Letting my feelings out	.91
Getting upset/letting emotions out	.89
Feeling a lot of emotional distress & I finding myself expressing those feelings a lot	.87
Denial	
Pretending that it hasn't really been happening	.83
Refusing to believe that it is happening	.76
Acting as though it isn't even happening	.69
***Mental Disengagement	
Drinking alcohol or taking drugs, in order to think about it less	.68
Daydreaming about other things a lot	.66
Turning to work or other substitute activities to take my mind off things	.65
Going to the movies or watching TV to think about it less	.59
Behavioral Disengagement	
Giving up trying to reach my goal	.82
Giving up the attempt to get what I want .	.80
Admitting to myself that I couldn't deal with it, and quit trying	.69

* Note, we found, as did Carver, Scheier, &Weintraub (1989), that loadings for active coping and planning come from a single factor that incorporated both scales.

** We found, but Carver et al. (1989) did not, that the loadings for Acceptance and Positive Reinterpretation come from a single factor that incorporated both scales.

*** The Drug/alcohol item (originally a distinct factor with one item) loaded on Mental Disengagement.

Table 2
Zero Order Correlations Between the Most Frequently Named Events and Specific Event Coping Styles

Event	Event Coping Style	Event Coping Style	Event Coping Style	Event Coping Style
"Other"	Suppression of Activities .18*			
Begin Relationship	Positive Reinterpretation .16*	Mental Disengagement .19*		
Fight with S.O.	Active Coping .17*			
End Relationship	Alcohol/Drug Usage .22***			
Do Poorly on Exam	Behavioral Disengagement .16*	Acceptance .16*	Active Coping -.17*	Denial .15*

*p<.05, **p<.01, ***p<.001

Table 2a
Zero Order Correlations Between the Most Frequently Named Situations and Specific Situation Coping Styles

Event	Event Coping Style	Event Coping Style	Event Coping Style
Life Decision	Restraint Coping .20***		
Time Pressure	Behavior Disengagement -.18*	Planning .16*	Suppression of Activities .19*
Friendship Decline	Religion -.15*	Denial .26***	Behavioral Disengagement .17*
Family Illness	Venting Emotions .17*		
Relationship Decline	Vent Emotions .20**	Drug/Alcohol Usage .17*	

*p<.05, **p<.01, ***p<.001

Table 3
Zero Order Correlations Between Self-Concept Clarity & General Coping Styles

General Coping Style	Self-Concept Clarity
Active Coping	-.46**
Planning	-.31**
Positive Reinterpretation	-.26**
Denial	.46**
Behavioral Disengagement	.34**
Mental Disengagement	.37**
Drug/Alcohol Usage	.16*

Table 3a
Zero Order Correlations Between Self-Concept Clarity & Event Coping Styles

Event Coping Style	Self-Concept Clarity
Active Coping	-.24**
Positive Reinterpretation	-.18*
Denial	.36**
Behavioral Disengagement	.39**
Mental Disengagement	.32**

Table 3b
Zero Order Correlations Between Self-Concept Clarity & Situation Coping Styles

Situation Coping Style	Self-Concept Clarity
Active Coping	-.21**
Planning	-.19**
Positive Reinterpretation	-.26**
Denial	.35**
Behavioral Disengagement	.30**
Mental Disengagement	.22**

*p<.05, **p<.01

Lower Scores on Self-Concept Clarity denote a clearer self-concept.

Table 4
Regression Models Estimating General Coping Styles From Self-Esteem and Self-Concept Clarity

Coping Style	Self-Esteem b	Self-Esteem STB	Self-Concept Clarity b	Self-Concept Clarity STB	R-sq	F.
Active Coping	ns	ns	-.05	-.39***	.21	23.58***
Planning	ns	ns	-.01	-.23*	.09	9.94***
Positive Reinterpretation	.16	.38***	ns	ns	.13	14.21***
Denial	ns	ns.	.05	.53***	.21	23.62***
Behavioral Disengagement	-.02	-.22*	.02	.28**	.11	11.79***
Mental Disengagement	ns	ns	.04	.31***	.13	13.72***

Table 4a
Regression Models Estimating Event Coping Styles From Self-Esteem and Self-Concept Clarity

Coping Style	Self-Esteem b	Self-Esteem STB	Self-Concept Clarity b	Self-Concept Clarity STB	R-sq	F.
Denial	ns	ns.	.03	.33***	.12	12.38***
Behavioral Disengagement	-.07	-.25*	.02	.21*	.18	18.61***
Mental Disengagement	ns	ns	.04	.31***	.13	13.72***

Table 4b
Regression Models Estimating Situation Coping Styles From Self-Esteem and Self-Concept Clarity

Coping Style	Self-Esteem b	Self-Esteem STB	Self-Concept Clarity b	Self-Concept Clarity STB	R-sq	F.
Positive Reinterpretation	ns	ns	-.03	-.19@	.06	6.63**
Denial	ns	ns	.03	.31**	.12	12.19***
Behavioral Disengagement	ns	ns	.03	.24*	.08	8.53**
Mental Disengagement	ns	ns	.03	.22***	.04	4.32**

@p=.06, *p<.05, **p<.01, ***p<.001

b= beta regression coefficient
STB= standardized regression coefficient
R-sq= Adjusted R-Square

Lower Scores on the Clarity of Self-Concept scale denote a clearer self-concept.